



COMMUNITY SCHOOL DISTRICT 200
STUDENT ENROLLMENT CARD

Office Use

Student ID # _____

(Check One) New Student to District 200 [] Student Previously Attended District 200 School [] Year Last Attended _____

Last School Attended (Name & Address) _____

Student Last Name Student First Name Student Middle Name M/F Date of Birth Grade

Person Having Legal Custody (One)

- Both Parents []
Mother Only []
Father Only []
Other (explain) []

Student Lives With (Check)

- Both Parents []
Mother []
Father []
Mother/Stepfather []
Father/Stepmother []
Other (explain) []

Children in Household 18 and Under

- Name _____ DOB ____/____/____
Name _____ DOB ____/____/____
Name _____ DOB ____/____/____
Name _____ DOB ____/____/____
Name _____ DOB ____/____/____

Kindergarten Students only (**required for completion of registration)

Did your child attend PreSchool? Yes [] No []
Yes? At what age(s)? 3 Years [] 4 Years [] Both 3 and 4 Years []
Name of PreSchool Attended: _____

Choose One Ethnicity:

Non Hispanic [] Hispanic []

Choose at Least One Race:

Native American [] Asian [] African American [] Pacific Islander [] White []

Military-Connected:

Yes [] No []

PRIMARY PARENT/GUARDIAN

(Indicate a Family Primary Phone)

Last Name First Name Relationship to Student
Home Phone [] Family Primary Cell Phone [] Family Primary Work Phone [] Family Primary (ext.)

E-mail Address Employer
Home Address (Include Bldg./Apt #) Mail Address (if different from home address)
City Zip Code City Zip Code

SECONDARY PARENT/GUARDIAN

Last Name First Name Relationship to Student
Home Phone Cell Phone Work Phone (ext.)

E-mail Address Employer
Home Address (Include Bldg./Apt #) Mail Address (if different from home address)
City Zip Code City Zip Code

STUDENT PERMISSIONS

(Check Yes or No For Each Permission)

Release Directory

Yes No

Work/Photo Release

Yes No

Release Military

Yes No

Release Higher Education

Yes No

EMERGENCY CONTACTS

If Parents Cannot Be Reached, Local Persons to Call / Release Student to in an Emergency (Must list at least TWO)

Emergency Name #1 _____

Relationship _____

_____/_____-_____
Home Phone

_____/_____-_____
Cell Phone

_____/_____-_____(_____)_____
Work Phone (ext.)

Emergency Name #2 _____

Relationship _____

_____/_____-_____
Home Phone

_____/_____-_____
Cell Phone

_____/_____-_____(_____)_____
Work Phone (ext.)

Emergency Name #3 _____

Relationship _____

_____/_____-_____
Home Phone

_____/_____-_____
Cell Phone

_____/_____-_____(_____)_____
Work Phone (ext.)

JOINT CUSTODIAL AND NON-CUSTODIAL INFORMATION

Joint/Non-Custodian Last Name _____

First Name _____

Relationship to Student _____

Home Street Address _____

City _____

State _____

Zip Code _____

Mail Street Address (if Different from Home) _____

City _____

State _____

Zip Code _____

_____/_____-_____
Employer

_____/_____-_____
Home Phone

_____/_____-_____
Cell Phone

_____/_____-_____(_____)_____
Work Phone (ext.)

E-mail Address _____

Illinois school code states a non-custodial parent has the right to receive all student information unless a court order states otherwise.

Court Order Document: _____

Order Of Protection: _____

Parent Signature (Required) _____

Date _____